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AUTHOR DeWolff, Dea K.
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ABSTRACT

Women today may combine the roles of wife, parent, paid worker, and caregiver to an elderly relative. These women may be experiencing role strain and it is not known what factors might contribute to this strain. This study examines the relationships among multiple role assumption, role satisfaction, and caregiver's health with multiple role strain. A non-random sample of women (N=50) who were caregivers to an elderly parent or in-law were interviewed to determine their satisfaction with the roles of wife, parent, paid worker, and caregiver. Multiple role strain was defined as the perceived difficulty (and concomitant negative emotions) experienced in meeting and enacting multiple role expectations. Multiple role strain was assessed by a 42-item scale which measured the degree of difficulty in meeting multiple role expectations, the frequency of difficulty in meeting multiple role expectations, the degree of emotional reaction, and frequency of emotional reaction. The moderate levels of satisfaction which most women felt with the roles of caregiver and worker were highly predictive of multiple role strain. Satisfaction in caregiver's and worker's roles and worker's roles and caregiver's health together accounted for 55 percent of the variance in multiple role strain. Further studies are needed to examine what factors influence satisfaction in the caregiving role and how to make the caregiving situation as satisfying as possible to the caregiver. References, 3 data tables, and the study instruments are appended. (Author/ABL)

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Multiple Role Strain in Caregivers to Elderly Parents

Dea K. DeWolff

Purdue University

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ABSTRACT

While many adult daughters assume the caregiving role in addition to the roles of wife, parent, and paid worker, very little attention has been given to the factors that influence role strain. The only factor that has been examined consistently in relation to role strain is multiple role assumption and it is unclear how this variable affects role strain. There is some evidence that an increased number of roles leads to an increase in multiple role strain but this evidence is not strong. Some theorists (e.g., Marks, 1977; Sieber, 1974) have suggested that one's satisfaction with one's roles influences if role strain will be experienced. The purpose of this study was to determine the relations of multiple role assumption, role satisfaction, and the caregivers' health with multiple role strain (the perceived difficulty in meeting and enacting multiple role expectations and the concomitant negative emotions).

Fifty women who were caregivers to an elderly parent or parent-in-law were interviewed using a 24-item scale in order to determine their satisfaction in the four roles of wife, parent, paid worker, and caregiver. Caregiver health was measured by means of a 12-item scale in which a low score indicated an absence of health symptoms. Finally, multiple role strain was measured by means of a 42-item scale which measured the degree of difficulty in meeting multiple role expectations, the frequency of difficulty in meeting multiple role expectations, the degree of emotional reaction, and the frequency of emotional reaction. Satisfaction in the job role, satisfaction in the caregiver role, and the caregivers' health were each related to multiple role strain; together they accounted for 55 percent of the variance in mulitple role strain.

The increasing proportion of elderly in this country and the problems associated with caring for the elderly are well-documented (e.g. Brotman, 1980; Cantor, 1983). The fastest growing subgroup of the population are those who have the poorest health, who need the most care, and who are the least financially able to pay for that care. Given these circumstances, it is not surprising that the families of the elderly provide approximately 80% of all home health care (National Center for Health Statistics, 1978).

In the majority of cases, the family member who provides care to the elderly person is the the elder's adult child or child-in-law, especially a daughter or daughter-in-law. These "women in the middle" are often trying to manage the multiple roles of wife, mother, paid worker in addition to their roles as caregivers (Cantor, 1983; Brody, 1981). This assumption of multiple roles can lead to role strain. Role strain within the roles of wife, mother, and paid worker has been the focus of many studies (Hall & Gordon, 1973; Beutell & Greenhaus, 1983; Herman & Gyllstrom, 1977) but these studies have not included the role of caregiver that these "women in the middle" occupy.

Before attempting to examine the relations of multiple role strain to other variables it is important to define role strain. The need for this definition is especially important given the conceptual confusion surrounding role strain, role conflict, caregiver burden, stress, etc. For example, the terms role strain and role conflict (e.g., Holahan & Gilbert, 1979; Hall & Gordon, 1973), caregiver strain and stress (Robinson, 1983), and role strain and caregiver burden (Scharlach, 1983) have been used interchangably. Futhermore, those who have used the term role strain have not clearly defined the term before attempting to measure it (e.g.,

Hall & Gordon, 1973). Secord and Backman (1964) distinguished role conflict from role strain by defining role conflict as being limited to situations in which an individual is confronted with conflicting or competing expectations. Role strain, however, was defined as being a broader concept that included not only role conflict but also other situations in which an individual experiences difficulty in meeting role expectations. Secord and Backman (1964) also suggested that role strain is accompanied by negative emotions such as feelings of inadequacy, guilt, and frustration. Goode (1960) also defined role strain as the felt difficulty in fulfilling role obligations which encompassed situations of role conflict. A definition of role strain that follows from the work of Secord and Backman (1964) and Goode (1960) and that was used in the present study was that role strain was the perceived difficulty (and concomitant negative emotions) in meeting and enacting multiple role expectations.

Some evidence exists that the greater the number of roles assumed, the greater the role strain (Herman & Gyllstrom, 1977). However, there is other evidence that multiple role assumption can lead to role management rather than role strain (Sherman, Morowitz, & Durmaskin, 1982). Some theorists (Marks, 1977; Sieber, 1974) have suggested that it is not the number of roles assumed per se that leads to feelings of role strain but that satisfaction with one's roles will determine if multiple role strain will be perceived. It has also been suggested (Sieber, 1974) that multiple role strain will not be perceived if multiple role occupancy creates more satisfaction than strain or stress. Barnett and Baruch (1983) found some support for relations between role satisfaction and role strain. They found that the assumption of a role in which the concerns of that role

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outweighed the rewards of that role was a significant predictor of role conflict and role overload.

It also has been suggested that the individual attributes that a person has such as physical characteristics or abilities may facilitate or interfere with one's role performance. If an individual attribute does interfere with one's role performance, greater degrees of multiple role strain will be perceived (Secord & Backman, 1964). If one's health is regarded as a personal attribute, it follows that those in poor health may experience difficulty in meeting their role expectations while those in good health would experience less difficulty in meeting role expectations and therfore would experience less perceived role strain.

The purpose of the present study was to investigate the relations between multiple role strain and multiple role assumption, role satisfaction, and the caregiver's health. It was hypothesized first, that the greater the number of roles assumed, the greater the perceived role strain. Second, the less satisfaction that an individual experienced in one or more roles, the greater the role strain. Third, the poorer the caregiver's health, the greater the role strain.

METHOD

Subjects and Procedure

The 50 subjects were drawn from a non-random sample of names of 75 women who were possible caregivers to elderly parents or parents-in-law. To qualify for participation in this study, these women had to reside in the same small, Midwestern city or its outlying areas as the elderly persons for whom they provided care. An initial list of names of possible caregivers was obtained from a local social service agency, the remaining subjects' names were obtained by means of a "snowball" technique. Each

woman was contacted by phone to determine if she met the criteria for participation and if she were willing to be interviewed. While most women were interviewed in their homes, a few were interviewed in a place that was convenient for them such as the workplace. Of these 75 women, 25 women were unable to participate in the study because they were not caregivers, they were too busy, or they were unable to leave the elderly person in order to be interviewed. The remaining 50 women were interviewed using an interview-questionnaire during a single field interview that lasted 1 to 1 1/2 hours.

Demographic Variables. Forty women were daughters of the elderly person and 10 were daughters-in-law. They ranged in age from 29 to 74 years with a mean age of 53 years. Sixty-two percent (n=31) did not have any children living with them while the remaining women had 1 (n=10), 2 (n=4), or 3 (n=5) children living at home. Only 5 women had children at home who were under 12 years old (Table 1).

The highest level of education that was attained ranged from some high school education (n=1) to the completion of a masters degree (n=10), however, 82% had some college education. Social position was calculated based on the husband's occupation and level of education for the married women and based on the woman's own occupation and educational level for divorced and widowed women (Hollingshead, 1957). Approximately one-half (n=24) were members of the upper-middle class (Hollingshead's Level I) while the remaining women were distributed across the middle and working classes (Hollingshead's Levels II-V).

Aspects of Caregiving. The caregiving relationship was different for each of the women. Almost 50% (n=19) spent between 1 and 9 hours per week

providing care, while approximately another 50% (n=20) spent between 10 and 19 hours per week on caregiving. The remaining 11 women spent between 20 and 40 hours per week, with most (n=8) spending between 20 and 29 hours. The number of hours spent per week ranged from 2 to 48 hours with a mean of 13.10 (SD = 9.05). The various caregiving tasks that were performed fell into the general categories of providing personal care (e.g., help with bathing), performing household tasks (e.g., housecleaning), providing transportation (e.g., taking the person grocery shopping), doing administrative tasks (e.g., paying bills), and helping the person maintain social interactions (e.g., taking the person to visit friends). Most of the women (n=40) provided 2 or 3 of these different types of tasks. The remaining women performed 4 or 5 different types of caregiving tasks. Only a few(n=8) of the women and their elderly relatives lived in the same house; the rest (n=42) did not share a residence with the parent.

Measures

The three antecedent variables that were used were the number of roles assumed, the individual's satisfaction within each of four roles (wife, mother, paid worker, and caregiver), and the health of the caregiver.

Number of Roles. The first variable, number of roles assumed, was assessed by asking each of the women to list all of the different things in which she was involved such as being a wife, mother, employee, volunteer, etc. Even though the women were asked to list all of the roles in which they were involved, only their involvement in the four major roles of wife, mother, paid worker, and caregiver were used in any of the analyses. This was done because no significant correlation between the total number of roles assumed and multiple role strain was found in a preliminary analysis; this may have been due to the fact that many of the roles that the women

occupied, such as that of a volunteer, were not salient to the women and did not affect role strain. Therefore these roles were not included in the main analyses.

Role Satisfaction. The second variable, satisfaction within each role, was assessed by means of a 24-item, Likert-type scale. This scale was adapted from Johnson (1982). This scale consisted of 2 12-item subscales. The first subscale was concerned with one's emotional reactions to a role. An example of an item on this subscale was "I really love being a parent." The second subscale was concerned with the rewards associated with a role. "The time and energy that I devote to my job is very rewarding" was an example of the items on the second subscale. The role satisfaction scale was used to measure satisfaction in the roles of paid worker, wife, parent, and caregiver; thus there were 8 subscales in all. Each woman was read each question and was given five response alternatives: "strongly agree," "agree," "undecided," "disagree," and "strongly disagree." These response choices were coded in order with "strongly agree" coded as a 5 and "strongly disagree" coded as a 1. The possible range of scores was from 24 to 120, with a high score indicating a high level of satisfaction with a role. Chronbach's alpha reliabilities for the eight satisfaction subscales ranged from .78 to .92 (Table 2).

Health. The health of the caregiver was assessed by a 12-item scale that was taken from the somatization subscale of the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974). Each woman was asked how much during the past few months she had been bothered by a particular health symptom (e.g., headaches, pains in the heart or chest, etc.) and was given four response alternatives (not at all, a little

bit, quite a bit, and extremely). The possible range of scores was from 12 to 48. A low score on this scale was an indication of the absence of health symptoms therefore the lower the individual's score, the better their health. Chronbach's alpha reliability was .73 (Table 2).

Dependent Variable. Based on a review of the literature (Secord & Backman, 1964; Goode, 1960), multiple role strain was defined as the perceived difficulty (and concomitant negative emotions) in meeting and enacting multiple role expectations. In accordance with this definition, the multiple role strain measure consisted of two parts. The first part was concerned with the perceived difficulty in meeting and enacting multiple role expectations. The second part was concerned with the concomitant emotional reactions. Both the perceived difficulty in meeting role expectations and the emotional reaction were measured in terms of the degree and the frequency with which they were experienced by the women. The inclusion of subscales that assessed role strain in terms of both frequency and degree was done following a pilot test in which it became apparent that frequency and degree assess different aspects of role strain.

Multiple role strain was measured by means of a scale that consisted of four subscales--degree of perceived difficulty in meeting role expectations, frequency of perceived difficulty in meeting role expectations, degree of emotional reaction, and frequency of emotional reaction. Examples of items from these 4 subscales were "How difficult is it for you to do all of the things that you think should be done?," "How often do you feel that you have to juggle different obligations that compete with one another?," "To what degree do you feel frustrated?," "How often do you feel tense?" The response alternatives for the degree of perceived difficulty and the degree of emotional reaction subscales were

"not difficult at all," "a little difficult," "moderately difficult," "quite difficult," and "extremely difficult." "Not difficult at all" was coded as a 1 and "extremely difficult" was coded as a 5. The response alternatives for the frequency of perceived difficulty and the frequency of emotional reaction were "never," "rarely," "sometimes," "frequently," and "almost always." "Never" was coded as a 1 and "almost always" was coded as a 5. The possible range of scores on the 2 perceived difficulty subscales was from 10 to 50 and the possible range on the 2 emotional reaction subscales was from 11 to 55, with a high score indicating a high level of multiple role strain. The Chronbach's alpha reliabilities for the 4 subscales ranged from .78 to .92 (Table 2).

The four subscales of the multiple role strain scale were highly intercorrelated and therefore each subject's scores on each of the four subscales were added together to form a single role strain score. The correlations between the various subscales ranged from .70 to .91.

RESULTS

Descriptive Statistics

Within three of the four roles there was virtually no variation in the number of women assuming the role. Due to the subject selection criteria all of the women were caregivers to an elderly parent or in-law (n=50). Most of the women were wives (n=47) and mothers (n=46). The only role in which there was any major variation in the frequency of role assumption was the paid worker role with 25 who occupied the role and 25 who did not. While most of the women (n=28) occupied only three of the four major roles, a large percentage (n=21) occupied all four of the roles. Only one woman occupied only the caregiver role. Unfortunately this lack of variation in

the number of roles assumed by the women in this sample made it impossible to determine the relationship between multiple role assumption and multiple role strain.

An examination of the means and standard deviations for the eight satisfaction scores and the four subscores of the multiple role strain scales indicated that there were no ceiling or floor effects and there was a reasonable amount of variability in the scores. However, a moderate floor effect and little variability was found in the health scores. Most women reported that they were not bothered at all or were bothered only a little bit by each of the particular health symptoms (Table 2).

A comparison of the levels of satisfaction was done in order to determine the relative satisfaction within the four roles. Within the wife role, 44 of the 47 experienced moderately high or very high levels of satisfaction. A similar pattern was found in the parent role, with 45 of the 46 reporting moderately high or very high levels of satisfaction. Within the job role, however, almost all (16 of 25) reported only moderately high levels of satisfaction. The lowest levels of satisfaction were reported for the caregiver role. While most (n=45) reported moderate to moderately high levels of satisfaction with the caregiver role, this role was the only role in which any women reported moderately low levels of satisfaction.

In order to determine the degree of multiple role strain experienced by the women the distribution of the role strain scores was examined. It was found that most of the women reported moderate (n=13) to moderately low (n=27) levels of multiple role strain. Only one woman reported that she experienced a moderately high level of role strain. Very few (n=10) of the women reported that they experienced very low levels of multiple role

strain.

Correlations

No significant relationships were found between the demographic variables of the subject's age, educational level, social position, and the number of children at home and the composite multiple role strain z-score. None of the aspects of the caregiving relationship (the number of hours spent caregiving per week, the different number of types of caregiving tasks performed, the daughter vs. daughter-in-law relationship to the elderly person, and the living arrangement) correlated significantly with the multiple role strain z-score.

However, significant relationships were found between two of the independent variables and multiple role strain. The only independent variable that was not found to be related to multiple role strain was the number of roles that the women were performing (r=.02, p=.87). Overall role satisfaction (r=-.33, p<.05) and the caregiver's health (r=.57, p<.01) were found to be significantly related to multiple role strain.

Further correlations were performed in order to identify more clearly the relationship between multiple role strain and satisfaction with each of the four roles. Only two of the four satisfaction scores were significantly correlated with multiple role strain--job satisfaction (r = -

Regression Analysis

In order to determine how much variance in multiple role strain was accounted for by job satisfaction, caregiver satisfaction, and the caregiver's health, multiple regression analyses were performed. A hierarchical regression analysis in which job satisfaction, caregiver satisfaction, and health were predictors was conducted. In the first step,

job satisfaction and caregiver satisfaction were entered into the equation. It was found that combined they accounted for 40% of the variance in multiple role strain (multiple R = .63, $p<.01$). Of this variance, job satisfaction explained 17% of the variance and caregiver satisfaction explained 22% of the variance. When health was added to the equation it accounted for an additional 14% of the variance (multiple R =.73, $p<.01$). When health was entered into the equation first, it explained 30% of the variance (multiple R = .55, $p<.01$). The addition of job satisfaction and caregiver satisfaction accounted for an additional 22% of the variance (multiple R = .73, $p<.01$). All three of the variables were found to have independent effects on multiple role strain (Table 3).

DISCUSSION

The results of the present study seem to provide some support for the theories proposed by Marks (1977) and Sieber (1974) regarding the relation between role satisfaction and multiple role strain. Satisfaction in the wife role and satisfaction in the parent role (two roles in which most women reported moderately high to very high levels of satisfaction) did not have effects on multiple role strain while satisfaction in the paid worker role and satisfaction in the caregiver role (two roles in which most women reported only moderate to moderately high levels of satisfaction) were highly predictive of multiple role strain. Thus, it appears that low levels of satisfaction in a role influences the perceived multiple role strain.

The differing levels of satisfaction in the four roles of paid worker, wife, parent, and caregiver is consistent with Barnett and Baruch's (1983) finding that role overload and role conflict are not influenced

equally by all roles, but that the quality of the job role and the parent role had significant effects on role overload and role conflict but that the wife role did not.

There seems to be some support for Sieber's (1974) hypothesis that multiple role strain will not be perceived if multiple role occupancy creates more satisfaction than strain. Perhaps the finding that only moderate to moderately low levels of multiple role strain were reported by the caregivers was due to the fact that low levels of satisfaction were not experienced in all four roles. For example, if there had been lower levels of satisfaction in the wife and parent roles like that in the job and caregiver roles, there may have been more overall strain and less overall satisfaction, and therefore higher levels of multiple role strain may have been experienced.

The effect of the caregiver's health on multiple role strain was a very interesting finding. Even though a floor effect and little variability was found in the health scale, the caregiver's health had a significant effect on multiple role strain. While the sample was a generally healthy sample, a small amount of poor health had a significant effect on the amount of role strain that was reported. The general good health of the sample and the great effect of poor health may reflect the fact that women in poor health do not assume the caregiver role or if they do assume it they may eventually relinquish it because of their health.

It appears that the effect of role satisfaction on multiple role strain is not equal for all of the roles that one assumes. The fact that job satisfaction was a significant predictor of multiple role strain may be viewed as an encouraging fact because one's job, for most people, is something that can be altered more easily than one's status as wife or

parent. Therefore, if a woman is not satisfied with her job and she is experiencing feelings of multiple role strain, she may benefit as much, if not more, by finding a more satisfying job as by abdicating her paid worker role.

The fact that caregiver satisfaction was a significant predictor of multiple role strain also is an important finding. If satisfaction in the caregiving role has a large effect on women's feelings of multiple role strain then further studies are needed to determine which factors influence satisfaction in the caregiving role and to determine which of these factors can be manipulated in order to make the caregiving situation as satisfying as possible to the caregiver. Are these factors characteristics of the person, the elderly person, or the situation? If the main factors that influence satisfaction in the caregiving role are related to the quality of the past relationship, then the caregiver may need to be trained in new ways of dealing with the elderly person. If the factors that influence caregiver satisfaction are related to the caregiver's coping, tolerance, etc., then the caregiver may need to develop new coping techniques. And if the factors that influence caregiver satisfaction are aspects of the situation, then the caregiver should examine ways in which the situation could be changed so that it would be more satisfying.

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Table 1

Demographic Characteristics of the Subjects

Characteristic	Frequency	Mean	Standard Deviation
Relationship			
Daughter	40	---	----
Daughter-in-law	10	---	----
Subject's Age			
20-29	1	53.04 years	10.35
30-39	4		
40-49	13		
50-59	20		
60-69	9		
70-79	3		
Education			
Some High School	1	---	----
High School Graduate	8	---	----
Some College	14	---	----
College Graduate	17	---	----
Post Graduate	10	---	----
Social Position			
Level I	24	---	----
Level II	7	---	----
Level III	7	---	----
Level IV	8	---	----
Level V	4	---	----

Table 1 (continued)

Characteristic	Frequency	Mean	Standard Deviation
Children at Home			
Zero	31	.66 children	1.002
One	10		
Two	4		
Three	5		

Table 2

Means, Standard Deviations, and Internal Consistency Reliabilities for the Role Satisfaction Subscales, the Health Scale, and the Multiple Role Strain Subscales

Measure	Mean	Standard Deviation	α	N
Satisfaction (Rewards)[a]				
Job	46.92	5.99	.83	25
Wife	49.87	6.52	.91	47
Parent	50.65	5.22	.85	46
Caregiver	38.32	7.57	.88	50
Satisfaction (Emotional Reaction)[a]				
Job	46.20	5.55	.78	25
Wife	49.55	6.38	.92	47
Parent	50.02	5.50	.88	46
Caregiver	41.64	6.06	.80	50
Health[b]	18.20	3.93	.72	50
Multiple Role Strain Subscales[c]				
Perceived Difficulty-Degree	26.38	8.22	.90	50
Perceived Diff.-Frequency	29.10	5.86	.88	50
Emotional Reaction-Degree	25.36	7.56	.87	50
Emotional Reaction-Freq.	27.66	5.91	.86	50

[a] Possible range of scores for each subscale was 12-60.

[b] Possible range of scores for the health scale was 12-48.

[c] Possible range of scores for the 2 perceived difficulty scales was 10-50 and the possible range for the 2 emotional reaction scales was 11-55.

Table 3

Summary of Regression of Job Satisfaction, Caregiver Satisfaction, and Health on Multiple Role Strain

Regression Analyses	Beta	F	p
Job Satisfaction	-.37*	5.47	.03
Caregiver Satisfaction	-.40*	6.67	.02
Caregiver's Health	.39*	6.09	.02

*p<.05

MULTIPLE ROLE STRAIN ASSESSMENT

Dea K. DeWolff
Purdue University

DEGREE OF PERCEIVED DIFFICULTY

	Item-Total Correlations	Item Means	Item Standard Deviations
Item 1	.68	3.06	1.22
2	.68	2.72	1.29
3	.71	2.74	1.12
4	.56	2.66	1.22
5	.67	2.60	1.16
6	.68	2.58	1.20
7	.70	2.52	1.30
8	.52	2.30	1.02
9	.68	2.32	.96
10	.54	2.88	1.08

FREQUENCY OF PERCEIVED DIFFICULTY

	Item-Total Correlations	Item Means	Item Standard Deviations
Item 1	.55	3.02	.82
2	.65	2.96	.83
3	.66	3.26	.75
4	.52	2.92	.92
5	.67	3.08	.72
6	.70	2.70	.89
7	.63	2.64	.75
8	.47	2.62	.70
9	.74	2.84	.93
10	.59	3.06	1.02

DEGREE OF EMOTIONAL REACTION

	Item-Total Correlations	Item Means	Item Standard Deviations
Item 1	.66	2.80	.90
2	.50	2.10	1.05
3	.65	2.68	1.08
4	.65	2.80	1.03
5	.56	2.26	1.17
6	.42	1.42	.70
7	.49	1.62	.90
8	.69	2.74	1.14
9	.78	2.38	1.08
10	.48	1.98	1.04
11	.52	2.58	1.14

FREQUENCY OF EMOTIONAL REACTION

	Item-Total Correlations	Item Means	Item Standard Deviations
Item 1	.85	2.92	.83
2	.57	2.26	.75
3	.53	2.84	.80
4	.69	3.02	.80
5	.51	2.30	1.02
6	.36	1.52	.61
7	.37	2.08	.85
8	.74	3.08	.80
9	.59	2.72	.83
10	.37	2.12	.94
11	.52	2.80	.90

MULTIPLE ROLE STRAIN ASSESSMENT--Degree of Perceived Difficulty

1. How difficult is it for you to do all of the things that you think should be done?

2. How difficult is it for you to meet the expectations that you have of yourself?

3. How difficult is it for you to juggle different obligations that compete with each other?

4. How difficult is it for you to have the energy to do what others expect of you?

5. How difficult is it for you to have the time to do what others expect of you?

6. How difficult is it for you to have your own needs met?

7. How difficult is it for you to meet all the obligations that you have taken on?

8. How difficult is it for you to meet the expectations that other people have of you?

9. How difficult is it for you to carry on so many different activities?

10. How difficult is it for you when one of your roles competes with your other roles?

1=Not difficult at all, 2=A little difficult, 3=Moderately difficult, 4=Quite difficult, and 5=Extremely difficult

MULTIPLE ROLE STRAIN ASSESSMENT--Frequency of Perceived Difficulty

1. How often do you feel that you just cannot do all of the things that you think should be done?

2. How often do you feel that you cannot meet the expectations that you have of yourself?

3. How often do you feel that you have to juggle different obligations that compete with one another?

4. How often do you feel that you do not have the energy to do what others expect of you?

5. How often do you feel that you do not have the time to do what others expect of you?

6. How often do you feel that your own needs are not being met?

7. How often do you feel that you just cannot meet all the obligations that you have taken on?

8. How often do you feel that you cannot meet the expectations that other people have of you?

9. How often do you feel that it is difficult to carry on so many different activities?

10. How often do you feel that one of your roles is competing with your other roles?

1=Never, 2=Rarely, 3=Sometimes, 4=Frequently, and 5=Almost Always

MULTIPLE ROLE STRAIN ASSESSMENT--Degree of Emotional Reaction

To what degree do you feel:

1. Tense?

2. Inadequate?

3. Emotionally exhausted?

4. Frustrated?

5. Guilty about what you have or have not done?

6. Embarassed?

7. Incompetent?

8. Under pressure?

9. Pulled apart?

10. Used or exploited?

11. Physically exhausted?

1=Not at all, 2= A little bit, 3=Moderately, 4=Quite a bit, and 5=Extremely

MULTIPLE ROLE STRAIN ASSESSMENT--Frequency of Emotional Reaction

How often do you feel:

1. Tense?

2. Inadequate?

3. Emotionally exhausted?

4. Frustrated?

5. Guilty about what you have or have not done?

6. Embarassed?

7. Incompetent?

8. Under pressure?

9. Pulled apart?

10. Used or exploited?

11. Physically exhausted?

1=Never, 2=Rarely, 3=Sometimes, 4=Frequently, and 5=Almost Always